M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00897

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
LENGTH OF STAY (in this place) 33 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Warren (Middle) Jefferson (Last) Adams

4. DATE OF DEATH (Month) Jan (Day) 11 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan 12-1871

9. AGE last birthday 80 yrs. If under 1 year Months 11 Days 30 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm on Hale Road

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Adams

14. MOTHER'S MAIDEN NAME Rebecca Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Mary P. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cirrhosis of liver	5 years
581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to Jan. 11, 1952, that I last saw the deceased alive on Jan. 10, 1952, and that death occurred at 8.54 P.m., from the causes and on the date stated above.

SIGNATURE P.J. Beary (Degree or title) M.D. ADDRESS Great Mills Md. DATE SIGNED 1-12-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan 14-1952

NAME OF CEMETERY OR CREMATORY St Georges Cemetery

LOCATION (City, town, or county) Valley Lee (State) Maryland

DATE REC'D BY LOCAL REG. 1-12-52

REGISTRAR'S SIGNATURE P.J. Beary M.D.

24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

RECEIVED
JAN 15 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00898

CERTIFICATE OF DEATH

Reg. Dist. No. 2 8 2

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE U.S. Naval Air Station COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) ARTHUR (Last) ARNOLD JR.

4. DATE OF DEATH (Month) 1-5- (Day) (Year) 1952

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-26-17
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. NAVY
10b. KIND OF BUSINESS OR INDUSTRY U. S. NAVY
11. BIRTHPLACE (State or foreign country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS U. S. NAVY RECORDS

18. MEDICAL CERTIFICATION

4-2-41 to 1-5-52

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Injuries, Multiple, Extreme — INTERVAL BETWEEN ONSET AND DEATH: None

860X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) USNAS
(CITY OR TOWN) (COUNTY) (STATE) Patuxent River, St. Mary's, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-5-52 1158 a. m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Aircraft Accident

22. I hereby certify that ~~I attended the deceased from XXXXXXXX 19XXX to XXXXXXXX 19XXX that I last saw the deceased alive on XXXXXXXXXX 19XXX and~~ that death occurred at 1158 a. m., from the causes and on the date stated above.

SIGNATURE C. M. Callis (Degree or title) ADDRESS DATE SIGNED
C. M. CALLIS LTJG MC USN MOOD INFIRMARY, USNAS, Patuxent River, Md. 1-5-52

23. BURIAL, CREMATION REMOVAL (Specify) TRANSPORTATION
DATE THEREOF 1-8-52
NAME OF CEMETERY OR CREMATORY —
LOCATION (City, town, or county) (State) EUREKA, MONTANA.

DATE REC'D BY LOCAL REG. 1/8/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] Robinson — ADDRESS Leonardtown Md.

RECEIVED
JAN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00895

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills; LENGTH OF STAY (in this place) 1st year; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Aileen (Last) Aud

4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Feb 12-1861

9. AGE last birthday: 90 yrs. If under 1 year: Months 11 Days 17 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. a.

13. FATHER'S NAME: J. Frank Turner

14. MOTHER'S MAIDEN NAME: Rebecca Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: Mrs Florence Dyson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerosis — Interval Between Onset and Death: 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

450.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1941, to Jan, 1952, that I last saw the deceased alive on Jan 27, 1952, and that death occurred at 5.00 A m., from the causes and on the date stated above.

SIGNATURE: A J Beam (Degree or title) MD ADDRESS Great Mills, Md DATE SIGNED Jan 29/52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: Jan 31/1952 — NAME OF CEMETERY OR CREMATORY: Holy Face — LOCATION (City, town, or county) (State): Great Mills St Marys Md

DATE REC'D BY LOCAL REG. Jan 29/52 — REGISTRAR'S SIGNATURE A J Beam MD Local Registrar — 24. FUNERAL DIRECTOR ADDRESS: Jos C. Mattingley Leonardtown Md

RECEIVED
FEB 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00900

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Oakley (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town (Rural) Oakley
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Emily Bowling

3. (b) Social Security Number

4. Sex: f

5. Color or race: W

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: Julian Albert Bowling

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 5-1-1865

8. AGE: Years: 86 Months: 4 Days: — If less than one day ..... hrs. ..... min.

9. Birthplace: Oakley St. Mary's Co. Md
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Thomas McWilliams
13. Birthplace: Md

MOTHER
14. Maiden name: Emeline Bowling
15. Birthplace: Md

16. Informant: Richard Julian Bowling
Address: Oakley, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 1-11-52 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: Bushwood Md

18. Funeral director: Joseph C Matthews
Address: Lexington Md

19. 1-10 1952 N. V. Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10- 1952 at 1030 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-8-52 1952 to 1-10- 1952 and that I last saw her alive on 1-10- 1952

Immediate cause of death: Acute pleurisy

Due to: acute bronchitis

Due to: arteriosclerosis Gen. Debility

Other conditions: 450.0
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert V. Palmer
M. D. or other

Address: Avenue Md Date signed 10-11-52

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C0901

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH — COUNTY: St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maddox — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maddox
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) Arthur (Last) Bowman

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 4 1881

9. AGE last birthday: 66 yrs. If under 1 year: Months 6 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary Scrivener

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Mary Bloomer, Park.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to Jan 22, 1952, that I last saw the deceased alive on Jan 20 1952, and that death occurred at 4.00 A m, from the causes and on the date stated above.

SIGNATURE: Roy Gunther, MD (Degree or title) ADDRESS: Mechanicsville DATE SIGNED: 1/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan 24-1952 | NAME OF CEMETERY OR CREMATORY: Sacred Heart | LOCATION (City, town, or county) (State): Budwood St Mary's Md

DATE REC'D BY LOCAL REG.: 1/23/52 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Jos C. Mattingley ADDRESS: Leonardtown Md

RECEIVED
JAN 28 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 42

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary US NAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ARMOND (Middle) HECTOR (Last) DE LALIO

4. DATE OF DEATH (Month) 1 - (Day) 5 - (Year) 1952

5. SEX Male

6. COLOR OR RACE Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 7-17-17

9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. NAVY

10b. KIND OF BUSINESS OR INDUSTRY U.S. NAVY

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS U. S. NAVY RECORDS

3-27-40 to 1-5-52

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Injuries, Multiple, Extreme

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: None

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) USNAS (CITY OR TOWN) Patuxent River, (COUNTY) St. Mary's, (STATE) Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour) 1-5-52 1158 a.m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Aircraft Accident

22. I hereby certify that ~~I attended the deceased from ..... 19..... to ..... 19..... that I last saw the deceased alive on ..... 19..... and that~~ death occurred at 1158 a.m., from the causes and on the date stated above.

SIGNATURE C. M. Callis (Degree or title) ADDRESS DATE SIGNED

C. M. CALLIS LTJG MC USN MOOD INFIRMARY, USNAS, PATUXENT RIVER, MARYLAND 1-5-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 1-8-52

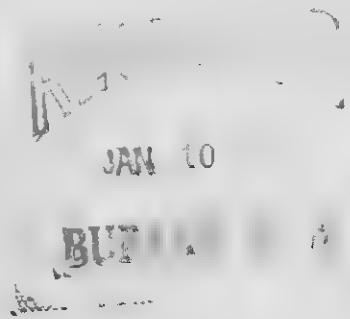
NAME OF CEMETERY OR CREMATORY Long Island - National

LOCATION (City, town, or county) Farmingdale, (State) N.Y.

DATE REC'D BY LOCAL REG. 1/8/52

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR P. B. Robinson - Leonardtown, Md. ADDRESS


JAN 10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06903

Reg. Dist. No. 28V

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St, Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) BERNARD (Middle) Paul (Last) DONOVAN

4. DATE OF DEATH (Month) Jan. 26 (Day) (Year) 1952

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH March 14,1908

9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing

10b. KIND OF BUSINESS OR INDUSTRY Plumbing Contractor

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William A. Donovan

14. MOTHER'S MAIDEN NAME Mary O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1930-1931

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Catherine Donovan- Compton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pneumonia	3 day
163 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Round Cell Ca of Lung	2 months
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 1952, to 1/26, 1952, that I last saw the deceased alive on 1/26, 1952, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD ADDRESS Leonardtown DATE SIGNED 1/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1/29/52

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 1/28/52

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 30 19[illegible]
BUREAU V[illegible] S[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9114

Reg. Dist. No. 782

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Bemedict (Last) Drury

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 7, 1857

9. AGE last birthday: 94 yrs. If under 1 year: Months 5 Days 27; If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Drury

14. MOTHER'S MAIDEN NAME: Martha E. Dyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: --------

17. INFORMANT AND ADDRESS: Mrs. J.B.Drury - Leonardtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fibrillation of Heart Chronic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Stenosis & Mitral Regurgitation

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952 to Jan 3, 1952, that I last saw the deceased alive on Jan 2, 1952, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE: J P Greenwell M D (Degree or title) ADDRESS: Leonardtown Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 1/7/52

NAME OF CEMETERY OR CREMATORY: Our Ladys Cemetery

LOCATION (City, town, or county) (State): Medleys Neck, Md.

DATE REC'D BY LOCAL REG. 1/6/52

REGISTRAR'S SIGNATURE: Canvalee

24. FUNERAL DIRECTOR ADDRESS: P. B. Robinson - Leonardtown, Md.

1952
V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00905

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Marys City; LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St marys city
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) David (Last) Hammett

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 24 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months 9 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: farme

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Hammett

14. MOTHER'S MAIDEN NAME: Sarah Coj

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Louis Hammett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Leucemia — Interval Between Onset and Death: 1 year

2011,4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis — 3 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1951, to Jan 29 1952, that I last saw the deceased alive on Jan 23, 1952, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
O J Bean	MD	Great Mills Md	1/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 26 1952	St Michael	Ridge St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 24/52	O J Bean MD Local Registrar	Jos C Wathingley	Leonardtown Md

REC
JAN 2
BUREA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

20906

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Va; COUNTY Mingo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamson
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) E (Last) Massey

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 11-1864

9. AGE last birthday: 87 yrs. If under 1 year: Months 4 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Keep House Family

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Franklin co Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Warren Foster

14. MOTHER'S MAIDEN NAME: Carmina Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Nora Baldwin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Embolus — 1/2 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of right femur — 6 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 2/52

19b. MAJOR FINDINGS OF OPERATION: Fracture of right femur (intertrochanteric)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): home (CITY OR TOWN): Lexington Park (COUNTY): St Marys (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 28/51 9 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Missed chair when sitting down.

22. I hereby certify that I attended the deceased from Dec 28, 1951, to Jan 2, 1952, that I last saw the deceased alive on Jan 2, 1952, and that death occurred at 4.30 a.m., from the causes and on the date stated above.

SIGNATURE: P.J. Beany (Degree or title) M.D. ADDRESS: Great Mills Md. DATE SIGNED: 1-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan 5-1952
NAME OF CEMETERY OR CREMATORY: Williamson M E
LOCATION (City, town, or county) (State): Williamson Mingo Va.

DATE REC'D BY LOCAL REG. 1-3-52
REGISTRAR'S SIGNATURE: P.J. Beany M.D.

24. FUNERAL DIRECTOR: Jos C. Mattingley
ADDRESS: Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 284

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St. Marys; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
LENGTH OF STAY (in this place) 15 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Niagara Falls
STREET ADDRESS (If rural, give location) 157 Epworth Circle ✓

3. NAME OF DECEASED (Type or Print): (First) Edward Byrne (Middle) MATHESON (Last)
4. DATE OF DEATH: (Month) Jan (Day) 27 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12-13-30
9. AGE last birthday: 21 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Donald G. MATHESON Sr.
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war, or dates of service): 3-22-48
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: U.S. Navy Records

1-27-52

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Injuries, Multiple, Extreme — Interval Between Onset and Death: 10 hrs. & 8 minutes

825.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street
(CITY OR TOWN) (COUNTY) (STATE): Lexington Park, St. Marys, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 27 1952 0155 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from 0155 1-27, 1952, to 1203 1-27, 1952, that I last saw the deceased alive on Jan 27 1952, and that death occurred at 1203 m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): E.J. RIORDAN LCDR MC USN
ADDRESS: U.S. Naval Air Station, Patuxent River, Maryland
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation
DATE THEREOF: 1/29/52
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Niagara Falls, New York

DATE REC'D BY LOCAL REG. 1/28/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR AND ADDRESS: P.B. Robinson - Leonardtown, Md.

RECEIVED
JAN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tall Timbers
LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tall Timbers
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) T. (Last) Melvin

4. DATE OF DEATH (Month) Jan (Day) 2 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 13, 1893
9. AGE last birthday 58 yrs. If under 1 year Months 1 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Quartermaster Plumber
10b. KIND OF BUSINESS OR INDUSTRY Civil Service
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wesley Melvin
14. MOTHER'S MAIDEN NAME Lydia Decker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Army (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY No. 214-16-8662
17. INFORMANT AND ADDRESS Elsie L. Melvin, wife, Tall Timbers Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of left lung — INTERVAL BETWEEN ONSET AND DEATH 1½ years

163 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nov 1950
19b. MAJOR FINDINGS OF OPERATION Carcinoma of lung
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1950, to Jan 2, 1952, that I last saw the deceased alive on Jan 1, 1952, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

SIGNATURE P. J. Bean, (Degree or title) MD. ADDRESS Great Mills Md DATE SIGNED 1-3-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 5-1952
NAME OF CEMETERY OR CREMATORY The Parkwood Cemetery
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 1-3-52
REGISTRAR'S SIGNATURE P. J. Bean, MD.
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 R 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville R.F.D. — LENGTH OF STAY (In this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Grove
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Francis (Last) Russell

4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower — 8. DATE OF BIRTH: Aug 25-1869 — 9. AGE Last birthday: 82 yrs. — If under 1 year: Months 4, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer some Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland St Marys — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph P. Russell — 14. MOTHER'S MAIDEN NAME: Catherine Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Poe Russell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Caused - Final disease — 10 yrs

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia - Illness — "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to 1/13, 19..., that I last saw the deceased alive on 1/12, 19..., and that death occurred at 7.30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank A. Hellen M.D. — ADDRESS Hollywood, Md — DATE SIGNED 1/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 16-1952 — NAME OF CEMETERY OR CREMATORY St Joseph — LOCATION (City, town, or county) Morganza St Marys — (State) Md

DATE REC'D BY LOCAL REG. 1/15/52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00910

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills, Md.; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Leola (Middle) Agatha (Last) Saxon

4. DATE OF DEATH: (Month) 1/ (Day) 14/ (Year) 1952

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4/21/1900

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Ennels

14. MOTHER'S MAIDEN NAME: Olive Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: --------

17. INFORMANT AND ADDRESS: Thomas Saxon - Great Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal obstruction	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of intestines	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1952, to Jan 14, 1952, that I last saw the deceased alive on Jan 13, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
O J Bean	MD	Great Mills Md	Jan 15/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/16/52	Holy Face Cemetery	Great Mills, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-15-52	O J Bean MD	P.B. Robinson	Leonardtown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00911

Reg. Dist. No. 287

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH — COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown — LENGTH OF STAY (in this place): 8 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1304 - 7th Street N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Lavina (Middle) Adella (Last) Trossback

4. DATE OF DEATH: (Month) 1/ (Day) 11/ (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 6/ 28 / 1895

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Hunt

14. MOTHER'S MAIDEN NAME: Sarah Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Earl Trossback - 1304-7th.St.N.W.Wash.D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] Cardiovascular [illegible]

(c) Senile Changes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 1-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/15/52 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 1/12/52 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: P. B. Robinson - Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00912

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) (Last) Welch

4. DATE OF DEATH (Month) Jan (Day) 15 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant
8. DATE OF BIRTH Jan 14-1952
9. AGE last birthday 1 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ralph Welch
14. MOTHER'S MAIDEN NAME Julia L. Wetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ralph Welch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure	45 min
750 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) anacephalia	at birth
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14, 1952, to 1/15, 1952, that I last saw the deceased alive on 1/15, 1952, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE Wm D Boyd (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 1/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 15-1952
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) (State) Leonardtown St Mary's Md

DATE REC'D BY LOCAL REG. 1/15/52
REGISTRAR'S SIGNATURE Cavalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown N Md

201 2251403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00914

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Albert (Last) Wise
4. DATE OF DEATH (Month) Jan (Day) 19 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Oct 15-1877
9. AGE last birthday 74 yrs. If under 1 year Months 3 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Black smith
10b. KIND OF BUSINESS OR INDUSTRY Work for self
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert M. Wise
14. MOTHER'S MAIDEN NAME Nannie Biscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT William A. Wise

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subarachnoid hemorrhage	1 hour
813.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound basal fracture of skull	1 hour
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture right femur, left tibia & fibula

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) St. James (COUNTY) St. Marys (STATE) Md
TIME OF INJURY (Month) Jan (Day) 19 (Year) '52 (Hour) 6:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Struck by auto while riding bicycle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Leighton Park, Md. DATE SIGNED 1/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 22-1952
NAME OF CEMETERY OR CREMATORY Friendship
LOCATION (City, town, or county) Ridge St Marys (State) Md

DATE REC'D BY LOCAL REG. 1/21/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Joe C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 23 1952
BUREAU V. S.